Colorado State University
Veterinary Diagnostic Laboratories
WESTERN SLOPE VETERINARY DIAGNOSTIC LABORATORY
3164 B 1/2 ROAD, GRAND JUNCTION, CO 81503
TELE: (970) 243-0673; FAX: (970) 242-0003

Diagnostic Lab #: _____

Date Received: _____

Sample Code: _____ **Postage:**_____

Veterinarian_____ ☐ **Bill to**

Clinic _____

Address _____

City _____ State_____ Zip_____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

I hereby certify that this is a correct record of samples collected by me:

_____ _____

Signature: (Accredited Veterinarian) **Date Sampled**

Owner_____ ☐ **Bill to**

Physical Address_____

City_____State _____Zip_____

Phone: (_____)_____-_____Check #_____$_____

IMPORTANT:

- **Samples sent with a cold pack will not be tested.**
- **PCR is the official Colorado test for importation, change of ownership, or movement to public grazing areas for all bulls 18 months or older.**

No. of Samples: _____ **Page**_____ **of**_____

Testing for import into Colorado, movement to a public grazing area, or change of ownership:

☐ *Tritrichomonas* PCR Individual

☐ *Tritrichomonas* PCR Pooled

Annual herd surveillance:

☐ *Tritrichomonas* Culture

Results:

Cul: ND= No *T. foetus* detected
Pos = *T. foetus* observed- to be confirmed by PCR

PCR: Neg = No *T. foetus* DNA detected by PCR
Pos = *T. foetus* DNA detected by PCR

Lab #	Silver Tag #	Trich Tag ID Tag Color_____	Age	Breed	Results		Lab #	Silver Tag #	Trich Tag ID Tag Color_____	Age	Breed	Results	
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Read by_____ Date _____ Signature_____

Preliminary Report_____ Final Report_____ Invoice_____ Rev. 07/2017

Diagnostic Lab #: ______________________________ Page_________ of_________

Lab #	Silver Tag #	Trich Tag ID Tag Color_______	Age	Breed	Results		Lab #	Silver Tag #	Trich Tag ID Tag Color_______	Age	Breed	Results	
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